



Town of Lexington

Office of Community Development

Health Division

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Board of Health

Wendy Heiger-Bernays, PhD, Chair

Sharon Mackenzie, R.N., CCM

Burt M. Perlmutter, M.D.

David S. Geller, M.D.

John L. Flynn, J.D.

Swimming Pool Permit Application

Permit Number: _____

Permit Expiration Date: _____

Fees: \$170.00 – Pool

\$50.00 – Wading

\$125.00 – Special Purpose

Please provide and/or verify the following information:

Name of Pool: _____

Address of Pool: _____

Tel # at Pool: _____

Contact Person Name: _____

Home Address of Contact Person: _____

Contact Home Tel #: _____ Contact 24 hr Emergency Tel #: _____

E-mail Address of Main Contact Person: _____

Alternate Contact Person Name (must have an alternate): _____

Home Address of Alternate Contact Person: _____

Alternate Contact Home Tel #: _____ Alternate Contact 24 hr Emergency Tel #: _____

E-mail Address of Alternate Contact Person: _____

Type of Pool (Check only one):

Public: _____ Semi-Public: _____ Wading: _____ Special Purpose: _____

Volume of Pool: _____ Length: _____ Width: _____

Non-swimming Area: _____ Swimming Area: _____

Diving Area: _____ Bather Load: _____

Filter Effluent Flow Meter Setting: _____ # of Turnovers per 24 Hours: _____

Skimmer Type: _____ Method of Water Treatment: _____

of Lifeguards: _____

Variance for no lifeguards requested of Board of Health (Yes or No): _____

Days and Hours of Pool Operation: _____

Days and Hours of Pool Operation without lifeguards: _____

Name of Certified Pool Operator (CPO): _____

CPO Home or if applicable Pool Company Address: _____

Tel # of CPO: _____ 24 hr Emergency Tel # of CPO: _____

(Please provide documentation of CPO certification and lifeguard training)

Signature of Applicant: _____

I understand that by signing this I am attesting to the accuracy of the information provided in this application and I affirm that the swimming pool operation will comply with 105 CMR 435.000 and all other applicable law.

Official Title: _____

Date: _____

For Board of Health Use Only:

Date Application Received: _____ **Current Permit Expires:** _____

No Lifeguard Variance Granted (Yes or No): _____

Date of Board of Health Meeting: _____